

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 1, 2016

Ms. Susanne Shapiro, Manager  
West River Valley Assisted Living Residence  
Po Box 341  
Townshend, VT 05353-0341

Dear Ms. Shapiro:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 3, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief



03/15/2016

PRINTED: 03/15/2016  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  1007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/03/2016
NAME OF PROVIDER OR SUPPLIER  WEST RIVER VALLEY ASSISTED LIVING RESII		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 341 TOWNSEND, VT 05353		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 3/2 and 3/3/2016. A facility reported incident was also investigated at this time. There were no findings regarding the incident investigation. While the facility was found to be in substantial compliance for the re-licensing survey, there were issues identified that require correction.	R100		
R235 SS=C	VII. NUTRITION AND FOOD SERVICES  7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to record substitutions on the written menu. Findings include:  During tour of the kitchen and food storage on 3/3/16 at 12:41 PM, accompanied by the Food Service Manager (FSM), it was observed that the menu indicated the residents were to have Red Cabbage, but Brussels sprouts were served instead. The menu did not reflect the change and the FSM stated that the change had not been discovered until a half hour before meal service. When asked how they reflect a change in the menu, s/he stated they put it on the dry erase board that is located outside the dining room. S/he also stated that the dry erase board is cleared each day. At this time the FSM further stated that they do not write the changes on the menus.	R235	R235: In addition to recording any substitutions on the dry erase board and/or announcing substitutions to residents in the dining room, Healthcare Services Group (HCSG) Manager, Brigett Coolbeth, will record any menu substitutions on the written menus that are kept on file in the kitchen.  HCSG District Manager to monitor that any changes are documented on written menus.	3/6/16

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Swannee Rogers RN*

TITLE

*Executive Director*

(X5) DATE

*3/24/16*

STATE FORM

9850

GM9111

If continuation sheet 1 of 7

R235 - RASO POC's accepted BBoAell 3/24/16/Amc

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R236 SS=C	VII. NUTRITION AND FOOD SERVICES  7.1.a. (5) The home shall keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to keep menus for the previous month on file. Findings include:  During tour of the kitchen and food storage on 3/3/16 at 12:41 PM, accompanied by the Food Service Manager (FSM), a request for copies of the previous months' menus was made. The FSM stated at this time that they do not keep the menus.	R236	R236: Healthcare Services Group (HCSG) District Manager, Michelle Plouffe, to in-service Manager, Brigett Coolbeth, on maintaining menus for at least 30 days with any changes written on them.  District Manager to monitor that the menus are maintained for at least 30 days and that any changes are documented on them. In-service and policy attached.	3/6/16	
R247 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that perishable foods were labeled and dated. Findings include:  1.) During tour of the kitchen and food storage on 3/3/16 at 12:49 PM, accompanied by the Food	R247	R247: HCSG District Manager, Michelle Plouffe, to in-service Manager and all staff on dating and labeling policies.  All staff have been in-serviced on dating & labeling and food storage safety. Signed In-services and policies are attached.  District Manager to monitor all dating and labeling on a monthly basis in the inspection process and Brigett to monitor daily. A daily manager checklist has been put into place and is attached.	3/3/16 & on-going	

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R247	Continued From page 2  Service Manager (FSM), a review of items in the freezer presented that there were bags of cooked bacon and bacon bits, with no dates as to when the bacon was cooked, nor was there labeling as to the contents of the bags. There were also plastic bags with food that was identified by the FSM as being chicken breasts and another being Parker House rolls, one was bread sticks. The FSM confirmed at this time that the bags were not labeled with contents and there were no dates as to when they were placed in the freezer.  2.) On 3/3/16 at 1:00 PM, during review of freezers in the basement that are used for food storage, the FSM identified one package of pepperoni slices, one of Polish sausage and one of Parker House rolls that were not labeled with content nor dated as to when placed in the freezer. S/he also confirmed at this time that the sausage had freezer crystals. In the freezer that is reserved for vegetables, there were several bags of vegetables that had no labels to content or the dates they were placed in the freezer, the FSM confirmed at the time of discovery that they were not labeled and s/he could not state positively that the FIFO (first in first out) method for retrieving food from the freezer was used by all staff.		R247		
R248 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.		R248		

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R248	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that all work surfaces are cleaned and sanitized after each use. Findings include:  1.) During a tour of the kitchen at 12:55 PM on 3/3/16, it was observed that there was grease build up and remnants of eggs on the stove top. The Food Service Manager (FSM) stated at this time that the kitchen is very busy and they clean it at the end of the day and confirmed that it is not cleaned at the end of each use. Further observation of the stove at this time presented that the oven had dried on food spills, the FSM confirmed the spills and stated that the oven isn't used often and probably hadn't been used since September of 2015.  2.) During a tour of the kitchen at 12:55 PM on 3/3/16, it was observed that there was grease build up on the range hood over the stove. There was dust and web build up as confirmed by the FSM at the time of discovery. Interview with the Executive Director and the Plant Manager at 1:20 PM, the range hood is cleaned annually by a contracted company and the last date it was done was 6/1/15.	R248	R248: A new cleaning schedule with daily, biweekly and monthly cleaning assignments has been put into place. All staff in-serviced on this.  The hood vents will be cleaned Biweekly. The stove top will be cleaned after each use. All staff have been in-serviced on the updated cleaning assignments. In-services are attached. District Manager to monitor this monthly in the inspection process and Manager to monitor daily.  Full hood cleaning will continue to be done by a contracted company annually.	3/21/16	
R249 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.	R249			

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R249	Continued From page 4  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that food handling and storage techniques are consistent with safe food handling practices. Findings include:  During the tour of the facility food preparation area on 3/3/16 at 12:55 PM, accompanied by the Food Service Manager (FSM), it was found that there were scoops in the flour bins and the sugar bins. The FSM confirmed at the time of discovery that the scoops are not to be left in the bins and they are to be removed after each use. There were also bags of pasta, a bag of cereal and a 50 pound bag of sugar located on a shelf that were not sealed and was confirmed by the FSM.	R249	R249: District Manager to in-service all staff on removing the scoops from the storage bins after each use for safe food handling, and sealing/dating & labeling of all containers.  All staff have been in-serviced on the proper storage of scoops that are used for the bins after using them. Scoops will be removed and cleaned after use and put away in the designated storage area. All food containers will be dated and sealed properly in accordance with the food storage policy that is attached. This will be monitored by the Kitchen Manager daily.	3/3/16
R250 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that the use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. Findings include:  1.) During tour of the kitchen and food storage on 3/3/16 at 12:49 PM, accompanied by the Food Service Manager (FSM), a review of items in the freezer presented that there were bags of cooked	R250		

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R250	Continued From page 5  bacon and bacon bits, with no dates as to when the bacon was cooked, nor was there labeling as to the contents of the bags. There were also plastic bags with food that was identified by the FSM as being chicken breasts and another being Parker House rolls, one was bread sticks. The FSM confirmed at this time that the bags were not labeled with contents and there were no dates as to when they were placed in the freezer.  2.) On 3/3/16 at 1:00 PM, during review of freezers in the basement that are used for food storage, the FSM identified one package of pepperoni slices, one of Polish sausage and one of Parker House rolls that were not labeled with content nor dated as to when placed in the freezer. S/he also confirmed at this time that the sausage had a freezer crystals, in the freezer that is reserved for vegetables, there were several bags of vegetables that had no labels to content or the dates they were placed in the freezer, the FSM confirmed at the time of discovery that they were not labeled and s/he could not state positively that the FIFO (first in first out) method for retrieving food from the freezer was used by all staff.  3.) On 3/3/16 at 1:10 PM, the FSM confirmed that there were several boxes (13) of prepared cake mixes on a dry goods shelf and that each of them were outdated. The cake mixes had expiration dates that ranged between 8/30/11 (three expired in 2011) and 11/20/15. The FSM stated that the box mixes were given to them by a family member and that sometimes activities will use them with the resident. On 3/4/16 at 1:30 PM, the activities director was interviewed and stated that s/he only does baking from scratch and doesn't use box mixes.	R250	R250: Healthcare Services Group (HCSG) District Manager to in-service Manager and all staff on dating and labeling policies, proper food storage and the First In, First Out (FIFO) method for retrieving food. In-services to be done with all staff in regards to accepting any food products from outside vendors.  All staff have been in-serviced on the policy of dating and labeling of any and all food packages in any refrigerator or freezer. All staff have also been in-serviced on the acceptance and storage of food from approved vendors only. This policy is attached to the in-service. District Manager to monitor monthly in the inspection process and manager to monitor daily.  All non-kitchen staff have also been instructed in the practice of accepting food from approved vendors only.	3/3/16	3/9/16

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